



child development centers
 a fun place to learn and grow

- ___ Infant, age _____
- ___ Waddler, age _____
- ___ Toddler, age _____
- ___ Preschool , age _____
- ___ Pre Kinderg , age _____
- ___ School Age, age _____

Phone: (206) 816-3255
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EASTER SEALS ANGLE LAKE Child Care Inquiry Form

Today's Date: _____

Parent / Guardian Name: _____
 Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone _____
 E-mail address: _____ Employer _____

Child's Name : _____ Birthday: _____ Male ___ Female ___
 Child's Name : _____ Birthday: _____ Male ___ Female ___
 Child's Name : _____ Birthday: _____ Male ___ Female ___

Child Care needed starting on (date) _____
 Time needed for care: From _____ To _____

Which Days? M___ T___ W___ Th___ Fr___ Sat ___ Sun ___

Note: Extended hours and weekend care starts in April 2007

Staff Use Only below this line

Method of Payment:
 Self Pay _____ Financial Aid/ Grant _____ Other (DSHS, DVR...) _____

Follow up date _____

Follow up date _____

Follow up date _____
